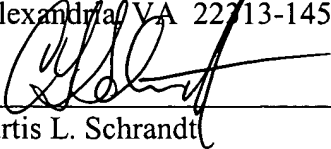




CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to "MS Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" on October 1, 2004.


Curtis L. Schrandt

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS : WILLMAN et al.

APPLICATION NO. : 10/729,895

DATE FILED : 12/05/03

FOR : OUTCOME PREDICTION AND RISK CLASSIFICATION IN
CHILDHOOD LEUKEMIA

MS Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUBMISSION OF
SUPPLEMENTAL APPLICATION DATA SHEET

S I R:

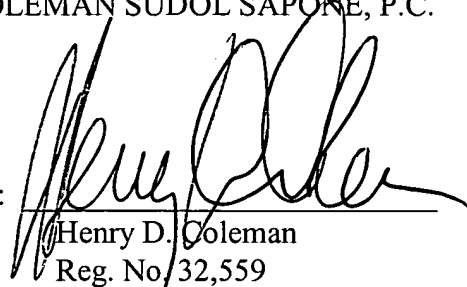
Enclosed herewith please find a Supplemental Application Data Sheet which includes changes to the Initial Application Data Sheet previously entered in the above-identified application. Among other items, the filing status in the application has been corrected to Large Entity, and the correspondence and representative information has been updated. Please enter the enclosed Supplemental Application Data Sheet in the application.

Please credit any overpayment or charge any additional fees due in connection with this communication to Deposit Account No. 04-0838. A copy of this Submission is enclosed herewith for deposit account charging purposes.

Respectfully submitted,

COLEMAN SUDOL SAPONE, P.C.

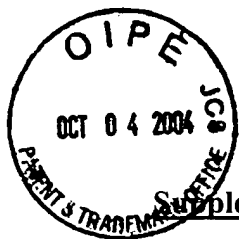
By:



Henry D. Coleman
Reg. No. 32,559

Dated: October 1, 2004

714 Colorado Avenue
Bridgeport, CT 06605-1601
(203) 366-3560



Supplemental Application Data Sheet

Application Information

Application Number::	<u>10/729,895</u>
Filing Date::	<u>12/05/03</u>
Application Type::	Regular
Subject Matter::	Utility
CD-ROM or CD-R?::	None
Title::	OUTCOME PREDICTION AND RISK CLASSIFICATION IN CHILDHOOD LEUKEMIA
Attorney Docket Number::	<u>N12-038US</u>
Request for Early Publication?::	<u>No</u>
Request for Non-Publication?::	<u>No</u>
Total Drawing Sheets::	23
Small Entity?::	<u>No</u>
Petition included?::	<u>No</u>
Secrecy Order in Parent Appl.?::	<u>No</u>
Licensed US Govt. Agency::	NIH National Cancer Institute
Contract or Grant Numbers::	NIH NCI U01 CA88361
Licensed US Govt. Agency::	DOE
Contract or Grant Numbers::	DE-AC04-94AL85000

Applicant Information

Applicant Authority type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity

RECEIVED
OCT 08 2004
OFFICE OF PETITIONS

Given Name::	Cheryl
Middle Name::	L
Family Name::	WILLMAN
City of Residence::	Albuquerque
State or Province of Residence::	NM
Country of Residence::	US
Street of mailing address::	4633 Los Pablanos Cir. NW
City of mailing address::	Albuquerque
State or Province of mailing address::	NM
Country of mailing address::	US
Postal or Zip Code of mailing address::	87107

Applicant Information

Applicant Authority type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Paul
Middle Name::	
Family Name::	HELMAN
City of Residence::	Albuquerque
State or Province of Residence::	NM
Country of Residence::	US
Street of mailing address::	810 Parkland Cir. SE
City of mailing address::	Albuquerque

State or Province of mailing address:: NM

Country of mailing address:: US

Postal or Zip Code of mailing address:: 87108

Applicant Information

Applicant Authority type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Robert

Middle Name::

Family Name:: VEROFF

City of Residence:: Albuquerque

State or Province of Residence:: NM

Country of Residence:: US

Street of mailing address:: 11251 Pino Ave. NE

City of mailing address:: Albuquerque

State or Province of mailing address:: NM

Country of mailing address:: US

Postal or Zip Code of mailing address:: 87122

Applicant Information

Applicant Authority type:: Inventor

Primary Citizenship Country:: CO

Status:: Full Capacity

Given Name:: Monica

Middle Name::

Family Name::	MOSQUERA-CARO
City of Residence::	Albuquerque
State or Province of Residence::	NM
Country of Residence::	US
Street of mailing address::	12805 Sandia Ridge Place NE
City of mailing address::	Albuquerque
State or Province of mailing address::	NM
Country of mailing address::	US
Postal or Zip Code of mailing address::	87111

Applicant Information

Applicant Authority type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	George
Middle Name::	S
Family Name::	DAVIDSON
City of Residence::	Albuquerque
State or Province of Residence::	NM
Country of Residence::	US
Street of mailing address::	1517 La Tuna Place SE
City of mailing address::	Albuquerque
State or Province of mailing address::	NM
Country of mailing address::	US

Postal or Zip Code of mailing address:: 87123

Applicant Information

Applicant Authority type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Shawn

Middle Name:: B

Family Name:: MARTIN

City of Residence:: Albuquerque

State or Province of Residence:: NM

Country of Residence:: US

Street of mailing address:: 1519 Aliso Dr. NE

City of mailing address:: Albuquerque

State or Province of mailing address:: NM

Country of mailing address:: US

Postal or Zip Code of mailing address:: 87110

Applicant Information

Applicant Authority type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Susan

Middle Name:: R

Family Name:: ATLAS

City of Residence:: Albuquerque

State or Province of Residence::	NM
Country of Residence::	US
Street of mailing address::	221 Hermosa Dr. SE
City of mailing address::	Albuquerque
State or Province of mailing address::	NM
Country of mailing address::	US
Postal or Zip Code of mailing address::	87108

Applicant Information

Applicant Authority type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Erik
Middle Name::	
Family Name::	ANDRIES
City of Residence::	Rio Rancho
State or Province of Residence::	NM
Country of Residence::	US
Street of mailing address::	907 Palmas Atlas Dr. SE
City of mailing address::	Rio Rancho
State or Province of mailing address::	NM
Country of mailing address::	US
Postal or Zip Code of mailing address::	87124

Applicant Information

Applicant Authority type::	Inventor
Primary Citizenship Country::	CN
Status::	Full Capacity
Given Name::	Huining
Middle Name::	
Family Name::	KANG
City of Residence::	Albuquerque
State or Province of Residence::	NM
Country of Residence::	US
Street of mailing address::	11800 Montgomery Blvd. NE, Apt. 1030
City of mailing address::	Albuquerque
State or Province of mailing address::	NM
Country of mailing address::	US
Postal or Zip Code of mailing address::	87111

Applicant Information

Applicant Authority type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Jonathan
Middle Name::	J
Family Name::	SHUSTER
City of Residence::	Gainesville
State or Province of Residence::	FL

Country of Residence:: US
Street of mailing address:: 2026 NW 34 Terr.
City of mailing address:: Gainesville
State or Province of mailing address:: FL
Country of mailing address:: US
Postal or Zip Code of mailing address:: 32605

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: CN
Status:: Full Capacity
Given Name:: Xuefei
Middle Name::
Family Name:: WANG
City of Residence:: Albuquerque
State or Province of Residence:: NM
Country of Residence:: US
Street of mailing address:: 521 Spruce St. SE, Apt. 308
City of mailing address:: Albuquerque
State or Province of mailing address:: NM
Country of mailing address:: US
Postal or Zip Code of mailing address:: 87106

Applicant Information

Applicant Authority type:: Inventor

Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Richard
Middle Name:: C
Family Name:: HARVEY
City of Residence:: Placitas
State or Province of Residence:: NM
Country of Residence:: US
Street of mailing address:: 4 Kiva Ln.
City of mailing address:: Placitas
State or Province of mailing address:: NM
Country of mailing address:: US
Postal or Zip Code of mailing address:: 87043

Correspondence Information

~~Correspondence Customer Number::~~ 26813
Name: R. Neil Sudol
Street of mailing address:: 714 Colorado Avenue
City of mailing address:: Bridgeport
State or Province of mailing address:: Connecticut
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 06605-1601
Phone number:: (203) 366-3560
Fax Number:: (203) 335-6899
E-Mail address:: mnsipatent@gis.net

Representative Information

Representative Customer Number::	<u>28156</u>	
----------------------------------	--------------	--

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	<u>An application claiming the benefit under 35 USC 119(e) of</u>	60/510,968	10/14/03
This Application	<u>An application claiming the benefit under 35 USC 119(e) of</u>	60/510,904	10/14/03
This Application	<u>An application claiming the benefit under 35 USC 119(e) of</u>	60/432,078	12/06/02
This Application	<u>An application claiming the benefit under 35 USC 119(e) of</u>	60/432,077	12/06/02
This Application	<u>An application claiming the benefit under 35 USC 119(e) of</u>	60/432,064	12/06/02